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APPLICATION NO.	FILING DATE	FIRST NAMED IN		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/815,340 03/23/2001			Bert Vogelstein		01107.00074	4414
TITLE OF INVENTION: SECURIN IS REQUIRED FOR CHROMOSOMAL STABILITY IN HUMAN CELLS						
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E PI	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	06/09/2006
EXAMINER		ART UNI	т с	LASS-SUBCLASS]	
CANELLA, KAREN A		1643	1643 435-004000			
CFR 1.363). Change of correspond Address form PTO/SB/1:	e address or indication of "Follence address (or Change of 22) attached. tion (or "Fee Address" Indication more recent) attached. Using the control of the c	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) The Johns Hopkins University Baltimore, Maryland Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
Please check the appropriate	e assignee category or category	rnes (will not be pri	nted on the patent):	individualC	corporation or other private gre	oup entity Government
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Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.						
				ereby authorized by ch Number 19-07	arge the required fee(s), or cre	dit any overpayment, to ra copy of this form).
a. Applicant claims S	(from status indicated above	e) 37 CFR 1.27.	☐ b. Applicant is n	o longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).
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Authorized Signature	AMMI. X	an		65/31/ Date Ma	2006 ARETENEZ UUUUU 13	7 190733 09815340
-	Sarah A. Kagar	, U		Registration	1504 32,1440.00 DA	
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